

RHODE ISLAND REGISTRY OF MOTOR VEHICLES

APPLICATION FOR INSTRUCTION PERMIT

PLEASE PRINT DO NOT ENTER INFORMATION IN SHADED BLOCKS

10	LICENSE NO.	CHAUFFEUR CLASS	DATE OF BIRTH	SOCIAL SECURITY NO.	HEIGHT FT. INCHES	WEIGHT	SEX	RESTRICTION CODES			
FIRST NAME		MIDDLE INITIAL	LAST NAME		COLOR OF EYES	CHECK HERE IF APPLICATION APPROVAL IS PENDING <input style="float: right;" type="checkbox"/>					
STREET & NO.			CITY OR TOWN		STATE	ZIP CODE		DRIVER EDUCATION CERTIFICATE NO.			
Is your license or right to operate a motor vehicle suspended, revoked or refused by this or any other state? <input type="checkbox"/> YES <input type="checkbox"/> NO					RESIDENCE ADDRESS (ONLY IF DIFFERENT FROM ABOVE)						
Have you ever been convicted of a motor vehicle offense in District or Superior Court? <input type="checkbox"/> YES <input type="checkbox"/> NO											
Do you now have any conditions that could impair your ability to drive a motor vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO											
Have you ever held an operator's license in Rhode Island or any other state? <input type="checkbox"/> YES <input type="checkbox"/> NO											
I declare under the penalty of perjury that this certificate has been examined by me and to the best of my knowledge and belief is complete and the statements made herein are true and correct. Signature of applicant in full _____					VISION TEST						
					LAW TEST						
					WITHOUT GLASSES	RIGHT EYE	LEFT EYE	DATE	EXAMINER	OK	FAIL
					WITH GLASSES						
					*NOTARY PUBLIC _____						
					SIGNED AND SWORN TO AND BEFORE ME MO. _____ DAY _____ YEAR _____						

MINOR LAW CHAPTER 31-10 OF THE GENERAL LAWS OF RHODE ISLAND, 1956 AS AMENDED

NOTE: REFER TO OPERATOR'S MANUAL

CERTIFICATION by PARENT(S) or SUCH RESPONSIBLE PERSON as INDICATED in
CHAPTER 31-10 for a MINOR UNDER 18 YEARS of AGE.

(FATHER'S) SIGNATURE _____

(MOTHER'S) SIGNATURE _____

(LEGAL GUARDIAN)

(RESPONSIBLE PERSON)

(EMPLOYER) _____

SIGNATURE

Subscribed and sworn to before me this _____ day of _____ 20 _____

NOTARY PUBLIC

OFFICE RECORDS — DO NOT WRITE IN THIS SPACE

ACTIVE LICENSE
LICENSE NO.
EXPIRATION DATE

CHECKED BY

- ☐ BIRTH CERT
☐ BAPTISMAL CERT.
☐ ARMED FORCES IND.
☐